

# THE AIDS ENIGMA: is this the final solution?

by John West - Research Scientist

*For the last few years, AIDS researchers have been chasing their tails in a desperate effort to try to solve the seemingly complex AIDS enigma. A race to the 'ego altar' for a Nobel Prize for the solution. A multi-billion dollar award for the first pharmaceutical house to create a vaccine that really works.*

*Have they all gone down the wrong road?*

Since I wrote my book "The AIDS Time Bomb", I have expanded my research and ideas, which, combined with many small factors gathered over the last few years, have finally come together to form a new overall picture of the AIDS enigma.

This started with my knowledge of the incredible research of Professor Antoine Béchamp, (Louis Pasteur's contemporary), and his basic anatomical particles which he called *microzymas*, responsible for the organisation of the cells of all living things. Then came Dr. Wilhelm Reich, who discovered what he termed *bions*, and proclaimed them as the basic starting point of all life forms. Dr R. Rife, an American scientist, followed. He stated that cancer is the result of two main pleomorphic viruses, meaning that they can change into a variety of other dissimilar micro-organisms. His research was mainly done in the thirties and forties.

A French-Canadian scientist, Gaston Naessens, recently found from lengthy research, that a basic particle which he named a *somatid*, was responsible for a whole multitude of diseases.

Finally, and recently, I came into possession of a book called "Hidden Killer" by Dr. Erik Enby, a Swedish M.D. published by Michael Sheehan of Sheehan Communications, Saratoga, CA in the USA. This publication gives very detailed accounts of the life and times of Pro. Dr. Guenther Enderlein (1872-1968) a scientist who in my opinion runs alongside the genius Béchamp.

Enderlein, a German bacteriologist and zoologist through many years of brilliant research eventually found that a virus sized protein particle which he named a *protit*, through 14 phases of evolution, eventually became one of a number of blood parasites, collectively termed *endobionts*. These super small micro-organisms in their primitive stages are benign and biologically necessary, but when blood conditions change generally coupled up with changes in lifestyle, diet, environment, etc., they start to evolve up through many varying phases of pleomorphic advancement, finally becoming pathogens of one type or another.

I had previously heard of Enderlein, and read some accounts of his research, and how he shocked the orthodox citadels of medicine with his revolutionary discoveries. But the aforementioned book by Dr. Enby, for me, brought Enderlein's work into very sharp focus.

Not only did he discover Protits as the basic particle, but later went on to develop biological medications which are being used today with success by a few doctors world-wide. These remedies are based on the homeopathic principal of like curing like, and appear to be able to stop pathogenic micro-organisms from further development, thereby curing the disease at the very basic fundamental level.

Enderlein stated that one of the most important factors in disease is the blood concentration of the Hydrogen ion, the Ph in other words. He claimed when the blood acid/alkaline ratio became upset, for example by immoderate intakes of animal protein, the basic Protits in their primitive stages are fueled for rapid development and begin their evolutionary life cycle to higher forms of microbes.

Doctor Alan Cantwell, a contemporary author and scientific researcher from Los Angeles, outlined in his excellent book "The Cancer Microbe" how pleomorphic forms of lower life can change into higher forms of pathogens in the bloodstream, eventually becoming cancer microbes.

In the book once again by Dr. Enby comes this statement by Prof. Enderlein, "...*monomorphism, or the stability of microbes, must not be followed blindly, for the tyranny of the dogma cripples every natural biological viewpoint .....once free of this, a single,*

*extraordinary test will explode this 50 year-old house of cards."*

He was talking about the dogma of the T.B. bacillus of Koch and how conventional medicine views this parasite as the bacteriological causal factor, when in effect, according to Enderlein, T.B. is caused by evolved Protists which grow into the familiar rod shapes only under special conditions. This is usually when the biological inner environment has undergone severe change through lifestyle and dietary errors also often coupled up with environmental bio-hazards.

So in view of what I have outlined let me now draw up what I believe to be an acceptable scenario of the AIDS enigma. But first I must include a statement from one of the most prestigious American scientists in the world.

Dr. Peter Duesberg, a retrovirologist from the University of California, Berkeley has stated that he does not believe that **the AIDS virus is the cause of AIDS! Rather that HIV is the result of the disease!**

I have been informed that Duesberg has received a copy of Béchamp's book which I sent. Hopefully he will very quickly realise the importance and ramifications of this monumental work of this genius of the last century, which outlines in detail that viruses and bacteria are not stable entities, and can change their forms and alter into totally different types when biological condition change substantially.

But now I wish to get back to my statement re: the scenario of the beginning of the AIDS enigma.

As Duesberg stated, HIV is not the cause of the disease, but rather the result of it. How?

In my opinion, based upon the studying of the work of the aforementioned scientists, I now believe that HIV has been around for a great length of time, albeit in a much more primitive mode.

I further believe that over the last few decades, maybe longer, the immune system of some of the people of this planet has become progressively damaged, more so perhaps in Western so called advanced civilisations. This has happened for a variety of reasons. Addictive drugs, greater incidences of sexual promiscuity, increased use of additives in food, electromagnetic pollution, immunisations etc.

Immunisations on a mass scale deserves special mention as it would seem that they have a very definite link with the lowering of the immune systems of mankind world-wide.

Take for example the two locations, Brazil and Central Africa. A few decades ago mass vaccinations were carried out in these countries, and we are talking here about the dispensation of millions of shots.

Much has been written about vaccinations and immune malfunction. Artificial stimulation of the immune system produces quantity, not quality, antibodies. Natural immunity of the body is based upon the body's ability to provide a series of biological defenses to micro-organisms which are inhaled, ingested, or gain entry through abrasions on the skin.

Artificial vaccination, on the other hand, injects immense amounts of attenuated, live virus particles directly into the blood stream, thereby by-passing the bodily natural defense mechanisms.

From the book "Vaccination & Immune Malfunction" written by Harold E. Buttram M.D., & John C. Hoffman comes this enlightening extraction.

*"An important investigation into the role of malnutrition and vaccination as causative factors in immune dysfunction has been in progress since the early 1970s by Archie Kalokerinos M.D., or New South Wales, Australia.*

*One of the first published reports of large-scale immune malfunction following the conventional childhood vaccines is to be found in the book "Every Second Child"*

*In the case of the routine childhood vaccines, in contrast to naturally inherited immunity, it is likely that a higher percentage of the total immune capacity becomes committed, perhaps something on the order of 30% to 70%. It should be emphasized that, once an immune body becomes committed to a specific antigen, it becomes inert and incapable of responding to other challenges. If the reserve immune capacity of children is being reduced by current vaccinations in this manner, what will be the consequences?"*

Returning to our previous theme, the consequences of mass vaccination programs in the fifties and sixties, of the two countries, Brazil and Central Africa, cannot be estimated, especially when one takes into account the facts that such children are very much immuno "compromised" due to starvation and very poor living conditions, before vaccinations commenced.

As we have discussed, when the immune system falls below a certain level, opportunistic diseases can become manifest.

IS IT THEN MERE COINCIDENCE THAT THESE SAME TWO COUNTRIES HAVE THE HIGHEST INCIDENCE OF AIDS POSITIVE PEOPLE? Have all the factors come together to produce, pleomorphically, a clever virus, which as by an esoteric learning process become so intelligent that it will continue to evade all the resources that the scientists can bring to bear upon it?

We already know that millions of early vaccines were contaminated by such basic viruses as SV40, in my opinion a precursor to AIDS, and recorded in any virology textbooks as causing tumours in hamsters, and able to transform cell-inducing human cells-in tissue culture. It is an oncogenic virus, and as one text book quotes ... "was a common contaminant of early batches of polio vaccine: as a result thousands of young children were accidentally inoculated with the virus" ("Notes on Medical Virology" by Morag C. Timbury, M.D., Ph.D.

Let me state here and now that when learned Professors make statements that viruses, such as SV40, a simian variety, (monkey) cannot jump species to become human dangerous invaders, they should know better. If they were enlightened to the works of some of the scientists I have mentioned in this article, they would soon

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realise that pleomorphic micro-organisms are indeed a real phenomenon.

When mainstream research scientists become aware that pleomorphic basic protein particles exist in the bloodstreams of all living beings, just awaiting to rear their ugly and dangerous heads when the immune systems become compromised, as pathogenic microbes, the whole house of bacteriological and virological 'pack of cards' falls to the ground in a totally embarrassing manner!

So is it any wonder that little by little, when the body is subjected to all the "insults" we have just mentioned, coupled up with all the special problems of Third World countries, ie starvation, malnutrition, poor living standards, hygiene etc., plus immoderate intakes of animal protein in Western affluent societies, which shifts the acid/alkaline balance of the blood, that the immune response is gradually lowered to dangerous levels.

Another factor which contributes to a compromised immune system, is a lack of ascorbate circulating within the body. Enough Vitamin C must be ingested on a daily basis to cope with all the "insults" which surround us living on this polluted planet. Most unenlightened people would test close to zero almost for serum amounts of Vit C. This vital spark of life is very necessary for the correct functioning of the health of the human being. It primes the immune system, among at least 200 other metabolic functions. But sufficient quantities have to be ingested on a daily basis.

In my considered opinion, the disease AIDS is the bottom line result of a savage attack upon the immune systems of mankind by factors relating to lifestyle, diet, mass vaccination programs and the increasing pollution levels of this planet.

The AIDS virus then, is the result of an impaired immune system, resulting from a multitude of causal factors which have come into being gradually since the days of the industrial revolution. It is not the cause. It is the result. No wonder the scientists engaged in AIDS research are finding it difficult to come to terms with this enigma. It seems that as Professor Peter Duesberg states, they have got it all wrong!

He points out that in his opinion HIV is not in enough concentration T-Cell wise to be the single causal factor!

Upon this point I think it is appropriate, indeed necessary, to mention a Prof. Dr. Jakob Segal, an AIDS researcher from Germany. I do not wish to take out of context material from Dr. Segal's impending paper on a new role model for the AIDS disease, but I think for any AIDS researchers who read this article, it may be important.

In Prof. Segal's summary of the soon to be published full work on AIDS, titles "Aids-Cell Physiology, Pathology and Therapy" I found it very interesting that he relates that in 1986, 29 out of 36 chimpanzees infected with HIV, while developing antibodies did

not go on to show clinical signs of the disease, although 7 years have now elapsed. Also that HIV infected chimpanzees usually after becoming seropositive later reverted to seronegative.

Further, only the T4 cells in the animals were invaded, not the macrophages, which as Segal points out, appears to indicate that the classical symptoms of AIDS in humans are due to the infection of the macrophages, rather than to the destruction of the T4 cells.

Other AIDS researchers support Segal's findings at this time. One of those mentioned is Falk, 1989, who stated that: "*.....immediate damage to the organs is caused by the macrophages directly, and not over the roundabout route via the immune system*".

Which if proved correct raises the very important question - is the term AIDS now fully supportable as an appropriate description of this disease?

If Segal is correct with his theoretical model, then a whole new concept at the research level will have to be considered. Which, incidentally, would leave retrovirologists such as Dr. Robert Gallo, et al., completely out on a limb!

My notation of the work of Prof. Segal is included because I think it has a bearing upon my articles content and theme, insofar as, those people who are not considered at risk from HIV and rarely develop the symptoms have to be balanced by those who are

very much at risk. The high risk groups all have severely depressed immune functions before they get diagnosed as AIDS victims.

Whereas the other groups not considered at risk, in most cases, perhaps have immune competence considered to be well above the danger line.

In my opinion it is not merely enough for classical AIDS researchers to assume that exposure to HIV between an infected person and a low risk person with a fully primed immune system constitutes a potentially dangerous situation

for the uninfected person. No one yet really knows if people in low risk groups, when exposed to HIV and who may become seropositive may later revert to seronegative, without realising they had even been infected.

As Prof. Segal points out, macrophages instead of being thought of as merely passive receptors of HIV, may instead turn out to be the primary foci of infection. He states "*Macrophages have relatively few CD4 receptors and therefore infection spreads more slowly if the multiplication of HIV takes place in the macrophages and not in the T4 cells. So we see that an incubation period of several weeks fully corresponds with what we know about the conditions of reproduction of HIV, ie., no special conditions seem to be required*".

In my own theoretical model, in the context of my article, I find it very significant that chimpanzees for example, do not appear to develop HIV symptoms after becoming seropositive, by deliberate

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infection. Indeed they generally become seronegative after a while. But then imagine that chimps were subjected to exactly the same immune degrading factors that man is, ie drugs, pollutants, etc. Would the chimp then, through a depressed immune response, react to HIV in a different manner?

It is also known that animals reared in zoos all their lives start to develop chronic diseases like cancer for example. With a changed environment, diet, habitat etc, stresses arise which eventually start to degrade the animals immune response. Although some animals appear to be able to adapt better than others.

Does a major immunological factor determine why some animals are not prone to developing AIDS, when some of them become seropositive, while humans do?

If the difference is, as Prof. Segal states due to primary macrophage focal infection, rather than primary T cell infection, then classical research lines will have to be severely reappraised. Perhaps T-Cells in the chimp are only temporarily subdued, not destroyed, later able to regenerate. Maybe in the human, although T-Cell counts indicate that a severe reduction takes place in full blown AIDS, it is a possibility that, as Segal points out, T-Cell function is able to regenerate if macrophage infiltration can be halted in time. A big if!

Infection of organs by HIV through macrophage transportation, again as Segal outlined, finally results in thymus capability destruction with obviously in time, the complete cessation of production of the vital frontline "killer cells". T-Cell infection then becomes the way, and would provide no further part in the disease progress. As is well known macrophages are present in glands, organs, tissues, so HIV infected macrophages would be a much more formidable and difficult problem to solve.

Segal's model seems to me to be a very logical way of looking at the AIDS enigma. Certainly it may, if proven to be correct, help to unravel the so called mysteries of this disease. I believe these 'mysteries' are tied in with a collective world wide reduction of mankind's immune competence. Time will hopefully tell.

If, as I believe, immune responses are gradually falling world-wide, maybe even genetically incorporated into the DNA of babies on an increasing scale, then indeed the overall picture does look very bleak. (Increasing incidences of Cot Deaths may well be one of the first manifestations).

For AIDS victims, it is not an encouraging picture, but there seems to be some hope on the horizon.

Dr. Enby, who was mentioned earlier, is claiming excellent results with AIDS patients utilising the biologically oriented medications of Prof. Enderlein. He states in the book "Hidden Killers", that AIDS patients have improved dramatically.

Dr. Ian Brighthope in Melbourne is claiming good results with-

out recourse to toxic drugs. Bruno Haefli, a brilliant scientist from Switzerland, a disciple of Enderleins, through nearly forty years of research has developed a blood test which reliably diagnoses precancerous conditions, and presumably he should be able to help AIDS patients. Apparently quite a few scientists world-wide using Enderlein's biological medications are getting excellent results with all types of disease.

It's not surprising that medicine has gone down the wrong road, as a few well known scientists are now saying, because orthodox medicine has always been based upon symptomatic paradigms, and is totally drug and money related.

Attempting to create a really effective vaccine which may be the final solution, may well turn out to be the final disaster! If HIV should turn out to be the symptom and result of severely depressed immune systems, then of course all the research money now being spent is totally useless.

As HIV "picks up speed" within its mutating cycle it will present bigger and bigger problems, both to researchers and the unhappy victims.

If on the other hand, as Prof. Segal has outlined, the dynamic balance which exists between the infected T4 cells and the infected macrophages can be unbalanced in some way, a cure may be possible without the recourse to highly toxic expensive drugs.

I believe powerful magnetic fields could have such an unbalancing effect. So perhaps could sound tone energy, at present being experimented with in the USA by ELFworks, a company dedicated to excellence in the field of bio-electronics.

Certainly it would be worth trying if Prof. Segal's AIDS model turns out to be accurate. I rather think it will be.

*\*New Direction in AIDS Therapy*, a 34 page summary by Prof. Dr. Jakob Segal is available from "Biotronics", Box 1653, Bundaberg, Qld. 4670, at \$5.00 (includes P+P)

## REFERENCES & FURTHER READING:

- "New Directions in AIDS Therapy" (English Version) by Prof. Dr. Jakob Segal. Available from Veritas Press, GPO Box 1653, Bundaberg Qld 4670.
- "Hidden Killers" by Dr. Erik Enby, with Peter Gosh & Michael Sheehan. Available from Veritas Press
- "Understanding Intelligent Communication at the Molecular Level" (published paper) by J. West. Available from Veritas Press.
- "Notes on Medical Virology" by Morag C. Timbury, M.D., Ph.D., M.R.C.P. (Glasgow), M.R.C. Path. Senior Lecturer in Virology, University of Glasgow, Hon Consultant Virologist, Western Infirmary, Glasgow.
- "The Blood and Its Third Anatomical Element" by Prof. Antoine Béchamp. Available from Veritas Press.
- "Vaccination & Immune Malfunction" by Harold E. Buttram M.D. & John C. Hoffman. Available from Veritas Press.
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- "The Cancer Microbe" by Alan Cantwell Jr., M.D. Available from Veritas Press
- "Magnetism & Its Effects on the Living System" by Dr. Albert Roy Davis & Dr. Walter C. Rawls Jr. Available from Veritas Press.
- "News Mail" Bundaberg Qld
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